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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90151 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33576**

1. Corporation Name

**LITERACY VOLUNTEERS OF AMERICA, LEE COUNTY, FLORIDA, INC.**

Principal Place of Business

12734 KENWOOD LN STE #96  
FORT MYERS FL 33907

Mailing Address

12734 KENWOOD LN STE #96  
FORT MYERS FL 33907



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 12734 Kenwood Ln #96	26 12734 Kenwood Ln #96	08/02/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 FT MYERS FL	27 FT MYERS FL	4. FEI Number
City & State	City & State	65-0106803
23 33907	28 33907	Applied For
Zip	Zip	Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, LYLE D  
12734 KENWOOD LANE  
SUITE #96  
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, LYLE D	1.2 NAME	Gail Foster
STREET ADDRESS	6239 BRIARWOOD TERRACE	1.3 STREET ADDRESS	5541 Montilla Drive
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENCH, FREDERICK	2.2 NAME	Julius O. Thomas, Jr.
STREET ADDRESS	1739 SE 39TH TERRACE	2.3 STREET ADDRESS	8133 Breton Circle
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	FT. Myers, FL 33912
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIST, ELEANORE	3.2 NAME	Constance A. Hanlon
STREET ADDRESS	758 CAPE VIEW DR	3.3 STREET ADDRESS	11811 Isle of Palms Drive
CITY-ST-ZIP	FORT MYERS FL 33919	3.4 CITY-ST-ZIP	FT Myers Beach, FL 33931
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAINES, SHARON	4.2 NAME	Traci Fraser
STREET ADDRESS	1469 COVINGTON CIRCLE WEST	4.3 STREET ADDRESS	836 Camellia Dr. N.W.
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	N. Fort Myers, FL 33903
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRER, JOHN L	5.2 NAME	Sharon Haines
STREET ADDRESS	1353 KINGSWOOD CT	5.3 STREET ADDRESS	1469 Covington Circle West
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	FT Myers FL 33919
TITLE	TSD <input type="checkbox"/> DELETE	6.1 TITLE	TSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADY, MARYANN	6.2 NAME	Mary Ann Lady
STREET ADDRESS	1862 WHITECAP CIRCLE	6.3 STREET ADDRESS	1862 White Cap Circle
CITY-ST-ZIP	N. FT. MYERS FL	6.4 CITY-ST-ZIP	N. FT Myers, FL 33903

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99

Date

94-466-2537

Daytime Phone #

CR2E037 (11/98)